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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Reserve National Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	DV-1 Rate Filing		
<b>Project Name/Number:</b>	DV-1 Rate Filing/		

## Filing at a Glance

Company:	Reserve National Insurance Company
Product Name:	DV-1 Rate Filing
State:	Arkansas
TOI:	H10I Individual Health - Dental
Sub-TOI:	H10I.000 Health - Dental
Filing Type:	Rate
Date Submitted:	12/07/2012
SERFF Tr Num:	RNIC-128796843
SERFF Status:	Closed-Disapproved
State Tr Num:	
State Status:	Disapproved-Closed
Co Tr Num:	

Implementation	On Approval
Date Requested:	
Author(s):	Kyle Conrad, Brenda DuCharme, Julie Moore
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	12/12/2012
Disposition Status:	Disapproved
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** DV-1 Rate Filing  
**Project Name/Number:** DV-1 Rate Filing/  
**Filing Company:** Reserve National Insurance Company

## General Information

Project Name: DV-1 Rate Filing  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 15%  
Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 12/12/2012  
State Status Changed: 12/12/2012  
Created By: Brenda DuCharme  
Submitted By: Brenda DuCharme  
Corresponding Filing Tracking Number:

Filing Description:  
December 7, 2012

Mr. Dan Honey  
Insurance Deputy Commissioner  
Life and Health Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Reserve National Insurance Company – NAIC #68462  
Rate Revision  
Form DV-1 – Supplemental Dental and Vision Expense Policy  
Form DV-WD-2 – Waiver of Deductible

Dear Mr. Honey:

Enclosed are copies of rate sheets and a supporting actuarial memorandum in connection with a proposed rate increase on the above-referenced policy forms. Form DV-1 is a Supplemental Dental and Vision Expense Policy which was approved by your office on 6/29/10; SERFF Tracking # RNIC-126687030. Form DV-WD-2 is an optional rider that provides for a waiver of the DV-1 Policy's deductible for "Type 1 Dental Services" (routine dental check-up, including x-rays and cleaning) and eye examinations, which was approved by your office on 2/16/2012; SERFF Tracking # RNIC-128090333. These forms and this rate filing are not subject to PPACA.

The proposed premiums represent a 15.0% increase over the current rates on file with your office. This premium rate increase is necessary due to our deteriorating experience as a result of greater than expected incidence of use and higher than expected claims costs. This is the first-ever rate revision for these forms.

If this filing is acceptable, please provide us with evidence of approval or filing by your office.

Thank you for your consideration in this matter.

Sincerely,  
Kyle D. Conrad  
Senior Vice President

**State:** Arkansas  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
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**Filing Company:** Reserve National Insurance Company

and Associate Corporate Counsel

## Company and Contact

### Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel  
6100 N. W. Grand Blvd  
Oklahoma City, OK 73118

kconrad@unitrin.com  
800-874-1431 [Phone] 549 [Ext]

### Filing Company Information

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
601 East Britton Road	Group Code: 215	Company Type: Life and Health
Oklahoma City, OK 73114	Group Name: Reserve National	State ID Number:
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR Filing Fee.
Per Company:	No

Company	Amount	Date Processed	Transaction #
Reserve National Insurance Company	\$50.00	12/07/2012	65534739

<b>SERFF Tracking #:</b>	RNIC-128796843	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	12/12/2012	12/12/2012

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## Disposition

Disposition Date: 12/12/2012

Implementation Date:

Status: Disapproved

Comment:

Your request for a 15% rate increase has been thorough reviewed by our Department.

Since the loss ratio for Arkansas is low, we are disapproving your request for a rate increase on this block of business.

Thank you for your understanding and cooperation.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Reserve National Insurance Company	15.000%	15.000%	\$41,342	522	\$275,616	15.000%	15.000%

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Disapproved	No
<b>Supporting Document</b>	Exhibits	Disapproved	No
<b>Supporting Document</b>	DV-1 Rate Increase Calculations	Disapproved	No
<b>Rate</b>	Rates	Disapproved	No
<b>Rate</b>	Rates	Disapproved	No

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Reserve National Insurance Company	15.000%	15.000%	\$41,342	522	\$275,616	15.000%	15.000%